

MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3			1	
4			1	
5			1	
6			1	
7			1	
8			1	
9			1	
10			1	
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48				
49				
50				
<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>				
<b>TOTAL CLAIMS</b>	1	2	3	4

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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97					
98					
99					
100					
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>	1	2	3	4	5